



**CITY OF SUNNYVALE
BMR RENTAL HOUSING PROGRAM**
456 W. Olive Avenue
Sunnyvale, CA 94086
(408)-730-7250
Fax: (408)-737-4906

**CITY APPROVAL OF LEASING A BMR UNIT
TO A PROPERTY OWNER/MANAGER EMPLOYEE**

The undersigned hereby approves the rental of:

- a) A BMR Unit _____ became vacant
(Complex Name /Unit #)
on _____.
(Date)
- b) It was offered to _____, who is an employee
(Employee Name)
- of the property owner or manager. City staff reviewed Form R-3 with documentation to confirm his/her household's eligibility to rent a BMR unit.
- c) Leasing this unit will result in _____ percent of the BMR units at the property occupied by property owner/manager employees. This meets the BMR Rental Program requirement that no more than 25% of the total BMR units at the property may be leased to owner/manager employees.

Complete Property Address

Annabel Yurutucu, Housing Officer (*Signature*)

Date